

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(d) & 1.27(b))—INDEPENDENT INVENTOR

Docket Number (Optional)
KLP-1

Applicant or Patentee: KARIN LYNN PETERSON

Serial or Patent No.: Attached Doc. No. KLP-1

Filed or Issued: " " " "

Title: NIGHT LIGHT WITH SLEEP TIMER

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- the specification filed herewith with file as listed above.
- the application identified above.
- the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(c).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- No such person, concern, or organization exists.
- Each such person, concern or organization is listed below.

Separate verified statements are required from each named person, concern or organization having rights to the invention according to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

KARIN LYNN PETERSON

NAME OF INVENTOR

Karin Lynn Peterson

Signature of Inventor

6-10-03

Date June 10 2003

NAME OF INVENTOR

Signature of Inventor

Date

NAME OF INVENTOR

Signature of Inventor

Date

DECLARATION FOR PATENT APPLICATION

Docket Number (Optional)

KLP-1

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought in the invention entitled NIGHT LIGHT WITH SLEEP TIMER, the specification of which

is attached hereto unless the following box is checked:

was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

None.

(Number) _____ (Country) _____ (Day/Month/Year Filed)

(Number) _____ (Country) _____ (Day/Month/Year Filed)

(Number) _____ (Country) _____ (Day/Month/Year Filed)

Priority Claimed

Yes No

Yes No

Yes No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

None.

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Henry W. Cummings _____ at telephone number 636-949-9408
Address all telephone calls to: Henry W. Cummings
Address all correspondence to Henry W. Cummings
3313 W. Adams St.
St. Charles Mo. 63301

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) KARIN LYNN PETERSON
Inventor's signature Karin Petersen Date June 10, 2003
Residence 19 Walnutway Ct. St. Louis Mo 63146 Citizenship USA
Post Office Address Same.

Full name of second joint inventor, if any (given name, family name) _____
Second Inventor's signature _____ Date _____
Residence _____ Citizenship _____
Post Office Address _____

Additional inventors are being named on separately numbered sheets attached hereto.